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## Original Research

# Public attitudes towards community pharmacy attributes and preferences for methods for promotion of public health services



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## ABSTRACT

**Objective:** To identify attitudes towards pharmacy characteristics and promotional methods for selected pharmacy public health services (lifestyle advice and screening for cardiovascular risk factors) among different sectors of the general public.

**Study design:** Cross-sectional survey, using a previously validated questionnaire.

**Methods:** Three survey methods were used, across 15 areas of England, to maximize diversity: face-to-face; telephone; and self-completion of paper questionnaires. Responses to closed questions regarding characteristics and promotion were quantified and differences among sub-groups explored by univariate and multivariate analysis.

**Results:** In total, 2661 responses were available for analysis: 2047 face-to-face; 301 telephone; and 313 paper. There were strong preferences for a pharmacy near to home or doctor's surgery and for long opening hours, particularly among employed people and non-whites. Fifty percent preferred not to use a pharmacy in a supermarket, particularly older people, the retired, those of lower education and frequent pharmacy users. Personal recommendation by health professionals or family/friends was reported as most likely to encourage uptake of pharmacy public health services, with older people and males being less likely and frequent pharmacy users more likely to perceive any promotional method as influential. Posters/leaflets were preferred over mass-media methods, with fewer than 30% perceiving the latter as potentially influential.

**Conclusion:** Pharmacists, pharmacy companies and service commissioners should use promotional methods favoured by potential users of pharmacy public health services and be aware of differences in attitudes when trying to reach specific population sub-groups. For personal recommendation to be successful, good inter-professional working and a pro-active approach to existing customers are needed.

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## Introduction

Community pharmacists' roles have changed in the last few decades and in many countries, they now make significant contributions to public health.<sup>1</sup> Published evidence to date shows that community pharmacists are able to provide an extensive range of public health services.<sup>2–4</sup> In England, community pharmacy has been promoted by both professional organizations and government as an ideal setting to provide a wide range of services beyond medicines supply.<sup>5,6</sup> In particular, public health services related to cardiovascular disease (CVD) and its associated risk factors have been highlighted as ideally suited to delivery via community pharmacy. However, the general public is often unaware of these services<sup>3,7</sup> and previous qualitative work suggests that advertising might increase their uptake.<sup>8</sup>

Enhancing service awareness and uptake requires an understanding, not only of the most effective promotional methods but also particular characteristics of the products being marketed, the product being 'community pharmacy' in this case. Published evidence on both these issues is very limited, with no work having explored the best promotional techniques for pharmacy services and little looking at the characteristics of pharmacies which may affect their use. A Scottish survey indicated that recommendation by pharmacists would be likely to make people aware of weight management services in community pharmacy,<sup>9</sup> whereas an Australian study found convenient location, friendly staff and quality of service to be characteristics that attract people to use particular community pharmacies.<sup>10</sup>

The present study aimed to identify the pharmacy characteristics perceived as desirable by different sectors of the general public and the promotional methods for pharmacy public health services they consider as likely to influence them.

## Methods

### Instrument development

The research team developed the instrument iteratively based on the available literature,<sup>2,7,8</sup> drawing extensively on previous qualitative work with members of the public. Development included testing the instrument for face validity to evaluate content and understanding with ten non-pharmacist volunteers. Further piloting was then conducted to test content validity and instrument reliability by (a) interviewer-assisted and self-completion, with 100 members of the public recruited in a city centre location and (b) cognitive interview with 15 further members of the public. Full details of the instrument development are provided elsewhere.<sup>11</sup>

This study focused on services in relation to CVD risk factors: smoking cessation; sensible drinking; losing weight; heart health advice; blood pressure; blood sugar; and cholesterol checks, which form the basis of a national CVD prevention programme in England, the NHS Health Check.<sup>12</sup>

In relation to using one of these services, the questionnaire included a series of statements incorporating characteristics of community pharmacies and their staff indicating attitudes towards each, phrased in terms of preferences, needs or trust (as shown in Table 3), with which respondents were asked to indicate their agreement (using the options agree, do not mind, disagree). A list of potential promotional methods was provided (as shown in Table 4), with which respondents were asked to indicate the likelihood of each encouraging them to access these services (using the options yes, maybe, no). Additional comments on promotional techniques perceived as likely to succeed were elicited through an open question. The questionnaire also contained the following demographic variables: gender; age group; ethnicity; education; work status; job for assigning socio-economic status; and postcode for assigning deprivation status. A further question sought information on frequency of pharmacy use, which was also used to analyse responses.

### Survey administration

This large survey was conducted in multiple locations throughout England during 2011 and 2012 using various recruitment methods to maximize diversity of the sample.<sup>13</sup> Inclusion criteria were members of the general public aged 18 years or over, with anyone working as a health professional being excluded.

Method 1 used face-to-face interviews conducted either in public places or by door-to-door recruitment in five locations (Sefton, Wirral, Liverpool, South East London and Kent). The sampling approach was devised to maximize representation in terms of age, gender and deprivation status.

Method 2 involved telephone interviews using either random number generation, (random generation of dialling codes, followed by random generation of numbers within each dialling code) or random selection of numbers from residential telephone directories. This method was used in a total of 11 areas of England: King's Lynn; Lynton; Mor-tonhampstead; Penzance; Worthing; Barnsley; Barrow-in-Furness; Basildon; Gloucester; Morpeth; and Sefton.

Method 3 was only conducted in one area (Sefton) and involved self-completion of the questionnaire, which was distributed by post, using postcode address file, and through organizations, such as libraries, local businesses and community centres.

A favourable opinion was obtained from the University Research Ethics Committee before study commencement (Ref: 09/PBS/005, Approved date: 7th August 2009).

### Data analysis

Data were entered into SPSS version 20.0, with a 10% sample checked for accuracy by a second researcher.

Socio-economic status (SES) was grouped into three categories based on occupation; lower (un-skilled/manual occupations); middle (skilled manual/administrative occupations); and higher (managerial/professional occupations). Postcode was used to categorize respondents into deprivation quintiles (1 = most deprived; 5 = least deprived), based on the Index of Multiple Deprivation.

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